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JSA 0E1010 1 000

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection , 2010, and ending

| A F | or th | e 2010 | calendar year, or tax year beginning , 2010, ar | nd ending | | , 20 | | | | | | | |
|----------------|-------------|---------------------------------------|---|---|------------------------------|---------------------------|--|--|--|--|--|--|--|
| D . | | | C Name of organization | | D Employer identifi | cation number | | | | | | | |
| D 0 | heck if a | | FARMERS ELECTRIC COOPERATIVE | | 42-024508 | 3 | | | | | | | |
| | Addr | ge ge | Doing Business As | | L | | | | | | | | |
| | Nam | e change | Number and street (or P O box if mail is not delivered to street address) Ro | om/suite | E Telephone number | | | | | | | | |
| | Initial | l return | 1959 YODER AVENUE SW | | (319) 683-2510 | | | | | | | | |
| | Term | nated | City or town, state or country, and ZIP + 4 | | | | | | | | | | |
| Г | Amer | | KALONA, IA 52247-9274 | | G Gross receipts \$ | 2,715,719. | | | | | | | |
| | | cation | F Name and address of principal officer WARREN MCKENNA | • | H(a) is this a group return | n for Yes X No | | | | | | | |
| | _ , | | 1959 YODER AVENUE SW KALONA, IA 52247 | | H(b) Are all affiliates incl | luded? Yes No | | | | | | | |
| ī | Tax-e: | xempt st | atus 501(c)(3) X 501(c) (12) ◀ (insert no) 4947(a)(1) or | 527 | If "No," attach a list | (see instructions) | | | | | | | |
| J | Webs | ite. 🕨 | | | H(c) Group exemption nu | ımber 🕨 | | | | | | | |
| ĸ | Form | of organi | zation X Corporation Trust Association Other | L Year of format | tion 1916 M State | of legal domicile IA | | | | | | | |
| Pa | ırt I | Sur | mmary | ······································ | | | | | | | | | |
| | 1 | Bnefly | describe the organization's mission or most significant activities | | | | | | | | | | |
| | ì | | VIDING ELECTRIC SERVICE TO MEMBERS | | | | | | | | | | |
| Governance | | TROVIDING EDECIRIC SERVICE TO REMBERS | | | | | | | | | | | |
| Ta | | | | | | | | | | | | | |
| 9 | 2 | Check | this box I if the organization discontinued its operations or disposed of m | nore than 25% o | f its net assets | | | | | | | | |
| ڻ •ة | 3 | Numbe | er of voting members of the governing body (Part VI, line 1a) | | 3 | 5. | | | | | | | |
| es ? | 4 | | er of independent voting members of the governing body (Part VI, line 1b) | | 4 | 5. | | | | | | | |
| Activities | 5 | | number of individuals employed in calendar year 2010 (Part V, line 2a) | | 5 | 7. | | | | | | | |
| ₽ CE | 6 | | number of volunteers (estimate if necessary) | | 6 | · · · · · · | | | | | | | |
| • | 7 a | | pross unrelated business revenue from Part VIII, column (C), line 12 | • • • • • • • | 7a | | | | | | | | |
| | 1 | | related business taxable income from Form 990-T, line 34 | | 7ь | | | | | | | | |
| | | | | | Prior Year | Current Year | | | | | | | |
| Revenue | 8 | Contri | outions and grants (Part VIII, line 1h) | | 0. | 0. | | | | | | | |
| | 9 | | m service revenue (Part VIII, line 2g) | | 2,548,166. | 2,698,209. | | | | | | | |
| e e | 10 | | ment income (Part VIII, column (A), lines 3, 4-end 7d 1, 15-6 | | 13,504. | 17,510. | | | | | | | |
| œ | 11 | Other | revenue (Part VIII column (A) lenge 5 6da 60 40d and 31a) 70 | • | 0. | 0. | | | | | | | |
| | 12 | | evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,561,670. | 2,715,719. | | | | | | | |
| _ | 13 | | and similar amounts paid (Part IX, column (A), lines) 1-3) | | 0. | 0. | | | | | | | |
| | 14 | | ts paid to or for members (Part IX, oodumn (A) Hine 4) | | 0. | 0. | | | | | | | |
| 10 | 15 | | es, other compensation, employee defiefits (Part IX, column (A) Intes 5-10) | • | 431,676. | 434,470. | | | | | | | |
| Expenses | | | sional fundraising fees (Part IX, column (A), Ine-1(e)) | | 0. | 0. | | | | | | | |
| per | | | undraising expenses (Part IX, column (D), line 25) | • • • • • | | | | | | | | | |
| ñ | 17 | | exposure (Part IV polymer (A) lines (4) 114 145 245 | | 1,789,681. | 1,984,023. | | | | | | | |
| | 18 | | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | • | 2,221,357. | 2,418,493. | | | | | | | |
| | 19 | | ue less expenses Subtract line 18 from line 12 | • | 340,313. | 297,226. | | | | | | | |
| ₽ | | 1/64611 | do loss expenses outstact title to from title 12 | | ining of Current Year | End of Year | | | | | | | |
| Net Assette | 20 | Total | ssets (Part X, line 16) | Bogin | 4,252,760. | 4,491,126. | | | | | | | |
| 28 | 21 | | ssets (Part X, line 16) | • • • • | 653,892. | 610,015. | | | | | | | |
| Pus | 22 | | sets or fund balances Subtract line 21 from line 20 | | 3,598,868. | 3,881,111. | | | | | | | |
| 201 Da | rt II | | nature Block | | 3,390,000. | 3,001,111. | | | | | | | |
| | | | perjury, I declare that I have examined this return, including accompanying schedules and | statements, and to | o the best of my knowle | doe and belief it is true | | | | | | | |
| con | ect, a | nd comp | ete Declaration of preparer (other than officer) is based on all information of which prepare | rer has any knowle | dge | | | | | | | | |
| É | ign | | Dans a D Sed | | 7-19-1 | // | | | | | | | |
| ي ب _ H، | ere |) | Signature of officer | | Date | | | | | | | | |
| | J. U | | | | 3 | | | | | | | | |
| 9 | | | Type or print name and title | | | | | | | | | | |
| 2 D Paid | | | ype preparer's name Preparer's signafure | Date | Check if | PTIN | | | | | | | |
| Paid | ı | | or Gerot In Dut | 7/7/11 | self | P00644185 | | | | | | | |
| | oarer | _ | WIEGI ING DOCCUPATION IN | // //// | employed > | | | | | | | | |
| Jse | Only | Firm's | | | | 0906430 | | | | | | | |
| Mass | the IF | | address > 7780 OFFICE PLAZA DR S, SUITE 184 WEST DES MOINES, IA 502 | 66-2337 | Phone no 515 | -223-0159 | | | | | | | |
| | | | uss this return with the preparer shown above? (see instructions) | | | X Yes No | | | | | | | |
| or! | raper | work R | eduction Act Notice, see the separate instructions. | | | Form 990 (2010) | | | | | | | |

| _ | ານ 990 (201 | | · | 42-0245083 | Page 2 |
|----|--------------------|---|--|---|--|
| Pa | art ill | Statement of Program Service Ac Check if Schedule O contains a res | complishments sponse to any question in this Part III | | · · □ |
| 1 | | describe the organization's mission DING ELECTRIC SERVICE TO | | | |
| | | | | | |
| | | | | | |
| | the prior | r Form 990 or 990-EZ? | ficant program services during the your chedule Our make significant changes in how it | | es X No |
| • | service | s? | | F-1 | es 🗓 No |
| 4 | Describ Section | 501(c)(3) and 501(c)(4) organizati | ts for each of the organization's three | required to report the amount of grants | and |
| 4a | (Code | 221000) (Expenses \$ 2,4 | 118,493 including grants of \$ |) (Revenue \$ 2,698,20 | 9) |
| | | DING ELECTRIC SERVICE TO | | | ······································ |
| | | ······································ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | ······································ | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| 4d | Other p | rogram services (Describe in Sched | lule O) | | |
| | (Expens | - | nts of \$) (Revenue | \$ | |
| +0 | i utai D | iogram service expenses P | 4.418.493. | | |

Form **990** (2010)

| Part | IV Checklist of Required Schedules | | | |
|------|--|----------|----------|-----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2_ | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| - | election in effect during the tax year? If "Yes, "complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | - |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | } | ł | |
| | Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | | |
| • | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | |
| | complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | <u> </u> | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | Ė | | |
| · | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | ۲ | | |
| 9 | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | х |
| 40 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| 10 | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 44 | | 施物質 | | 3 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | 1,25 | 916 |
| _ | VII, VIII, IX, or X as applicable | 17 2500 | | -T-LACAN |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | 44- | х | |
| | Schedule D, Part VI | 11a | _^ | |
| p | Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more | | | v |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | ., |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> X</u> |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV· · | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Χ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | <u> </u> | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| . • | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form | | | |
| | 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20h | | |
| | 222 mars and a state of the or more modeled made attach addition and attachments (add more addition) | | | |

| rait | Checklist of Required Schedules (Continued) | | | T |
|------|---|-----|-----|-----------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | 21 | | x |
| | in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II | -21 | | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | 22 | | x |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | - `` |
| 23 | · · · · · · · · · · · · · · · · · · · | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | 23 | | х |
| 24 a | employees? If "Yes," complete Schedule J | | | <u> </u> |
| 24 a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25 | 24a | | х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| А | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| 20 a | with a disqualified person during the year? If "Yes, "complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| _ | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | X_ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| | IV, and V, line 1 | 34 | } | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | Did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, | | | |
| | Part V, line 2 Yes X No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 20 | | |
| | related organization? If "Yes,"complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | ,- | | v |
| •• | Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | 20 | x | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|------|--|------------------|------------------|-------------|
| | Check If Schedule O contains a response to any question in this Part V | · · · | · · · | لباز |
| 4. | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 18 2 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 | 12. F | - 'E', |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | 2 | 5.5 | 3.9 |
| · | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 77.3 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 7 | 7.00m | 1-1 | رچهر د د |
| b | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | ين الم |
| 3a | | 3a | | Х |
| | | 3b | | L |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 1 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | 2 14.5 | ş. ş |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | شند | \$ 4.78 |
| | | 5a | | X |
| | End any taxable party from the engant and it that it is a party to a promotion tax strength that it is a party to a promotion tax strength to a party to a promotion tax strength tax stren | 5b | | Х |
| | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | | 6a | | Х |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or | C.L. | | ı |
| _ | | 6b | - 77, - | |
| | Organizations that may receive deductible contributions under section 170(c). | 27.9 · | 3 1/2 | 132.00 |
| а | | 7a | الشثما | مسته. |
| | and derived provided to the payor. | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | - | | |
| · | | 7c | | |
| d | | | المناقد | |
| | | 7e | | |
| | | 7f | 1 | |
| | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 17.40 | 1.5 | 3 |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | 2.54 | - | |
| | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | <u> </u> | |
| | | 9a | | |
| b | | 9b | - | A 1. 17 |
| 10 | Section 50 (C)(1) organizations. Enter | 2. | | |
| | 1 1 1 | | 6). - | ر پس |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | با الم | <i>;</i> - | -7. |
| 11 | Section 501(c)(12) organizations. Enter | " | , | .1 ; |
| | Gross income from members or shareholders 2,558,338 | ~ [| 7.7 | · +: |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | , l | , | - i, |
| 40 - | against amounts due or received from them) | 2a | | |
| | | | 3 | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 504(c)(29), qualified perpendit health insurance issues: | | · . | 4,3 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 3a | | 1,5 |
| đ | Note. See the instructions for additional information the organization must report on Schedule O. | | , , | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which | *]. | - | م سوريخ. |
| | the organization is licensed to issue qualified health plans | | ٠, ٠, ا | ÷. |
| c | Enter the amount of reserves on hand | ` | | . 74 74 |
| | | 4a | - | X |
| | | 4b | | |

| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7, for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions | b bel r cha | ow, inge | and s ın |
|------|--|----------------|-------------|--------------|
| | Check if Schedule O contains a response to any question in this Part VI | | | X |
| Sect | tion A. Governing Body and Management | - | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1 | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | 1 |
| - | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3_ | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5_ | | X |
| 6 | Does the organization have members or stockholders? | 6 | X | ļ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | İ |
| | the year by the following | | | } |
| а | The governing body? | 8a | Х | ļ |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | | |
| | | | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 40. | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | 110 | х | |
| | fom? | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 12a | х | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | \vdash |
| D | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | 12b | Х | 1 |
| • | rise to conflicts? | 120 | | |
| С | | 12c | Х | |
| 13 | describe in Schedule O how this is done | 13 | | x |
| 14 | Does the organization have a written whistleblower policy? | 14 | Х | _ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| 13 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | - 1 | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | \vdash |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | - | |
| 16 a | | - | - | İ |
| | with a taxable entity during the year? | 16a | | x |
| h | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| _ | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | • | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public | | | |
| 20 | State the name physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ► WARREN MCKENNA 1959 YODER AVENUE SW KALONA, IA 52247-9274 | . | | |
| | 319-683-2510 | _ | | |

| | -/ | | | |
|----------|--|------------------|----------------------------------|---|
| Part VII | Compensation of Officers, Directors, Trustee and Independent Contractors | s, Key Employees | , Highest Compensated Employees, | - |
| | | | | |

Check if Schedule O contains a response to any question in this Part VII............

| Section A. | Officers, D | Directors. | Trustees, K | ev Employees. | and Highest Compensate | d Employees |
|------------|-------------|------------|-------------|---------------|------------------------|-------------|

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

| (A) | (B) | (C) Position (check all that apply) | | | | | | (D) | (E) | (F) |
|--------------------|---|-------------------------------------|----------------------|---|----------|--------------------------------|--------|---|--|--|
| Name and Title | Average hours per week (describe hours for related organizations in Schedule O) | Individual trui or director | nstitutional trustee | | | a Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| (1) DOUG SLAUBAUGH | | | | | | | | | | |
| VICE PRESIDENT | .75 | Х | | | | | _ | 1,700. | 0. | 0 |
| (2) DEAN MILLER | | - | | | | | | | | |
| SECRETARY | .75 | X | | | <u>L</u> | | | 1,900. | 0 | 0 |
| (3) KEITH TROYER | | | | | | | | | | |
| PRESIDENT | .75 | X | L_ | | <u> </u> | | | 2,000. | 0 | 0 |
| (4) JOHN MAST | | | | | | | | | | |
| DIRECTOR | .75 | Х | | | | | | 1,940. | 0 | 0 |
| (5) STEVE HAMAN | | | | | | | | | | |
| DIRECTOR | .75 | X | _ | | | | | 1,700. | 0 | 0 |
| (6) WARREN MCKENNA | | | | | | | | | | |
| MANAGER | 40.00 | | <u> </u> | Х | | | | 80,030. | 0 | 16,156. |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | - · · · · · · · · · · · · · · · · · · · | | . |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |

| Form 990 (2010) | | | | | | | | 42-0245083 | | | | age 8 |
|--|---|--------------------------------|-------------------------|------|----------------|---------------------------------------|---------|---|---|--------------------------|--|--------------|
| Part VII Section A. Officers, Directors, Tr | ustees, K | ey Er | nple | | | and | Hig | | | | continued) | |
| (A) | (B) | | | • | C) | | | (D) | (E) | | (F) | |
| Name and title | Average hours per week (describe hours for related organizations in Schedule O) | Individual trustee or director | (Institutional trustee | | a Key employee | स्म Highest compensated क employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reports compens from rel organiza (W-2/1099 | sation ated itions | Estimated amount of other compensatio from the organizatior and related organization | on n I |
| (17) | | | | | | | _ | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | - | |
| (20) | | | | | | | | | | - | | , |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | - | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| (26) | | | | | | | | | | | , ,. | |
| (27) | | | | | | | | | | | ······································ | |
| (28) | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 89,270. | | 0. | 16,19 | 56. |
| c Total from continuation sheets to Part VII, Sec | tion A . | | | | | | | 89,270. | | 0 | 16,1 | 5.6 |
| d Total (add lines 1b and 1c) | | | ed al | | | | ceiv | | ,000 in | | 10,1 | 50. |
| reportable compensation from the organization | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet and the schedulet schedulet and the schedu | | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the the organization and related organizations individual | greater th | an \$ | 150, | ,000 |)? | If "Y | es, " | | | | | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo | accrue coi | mpen | satio | n f | rom | any | uni | | | | 5 | X |
| Section B. Independent Contractors | • | | | | | | | | | | | |
| Complete this table for your five highest compensation from the organization | compensate | ed in | dep | end | ent —— | cont | ract | tors that received | more the | an \$100 | 0,000 of | |
| (A) Name and business addi | ess | | | | | | | (B) Description of sen | /ices | С | (C) ompensation | · |
| | | | | | | | - | | | | | |
| | | | | | | | L | | | | | |
| Total number of independent contractors (in more than \$100,000 in compensation from the contractors) | | | | ited | | thos | e li | sted above) who | received | | | |
| trail 4 regions in compensation nom the | - 0.94111241 | | | | | | | | | - | | |

| Pa | rt VII | Statement of Revenue | | | | | |
|--------------------------------|--|---|---------------------------------------|--|--|--|---|
| 3.4 | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 2 6 | 1a | Federated campaigns 1a | | | · 一个一个 | 13. 14. 15. 15. 15. 1 | 1.6 19 1.6 1.6 |
| grants | b | Membership dues 1b | | 第二次 电线 | La Levis A 1 15 | The second secon | 76 7 B |
| | | Fundraising events 1c | | | | 7 (5) | |
| gifts, lar am | | Related organizations 1d | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg |
| s, gr nilar | " | | | 學子多合於 | March 2007 | 1、1955年刊进行 | 上壁 10年多 |
| S in | e | grama (commons) | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | New York |
| e et | 1 | 1,,1 | | 10.20 mg | | | |
| 돌절 | | and similar amounts not included above . 1f | | | | | |
| Contributions, and other simil | 9 | Noncash contributions included in lines 1a-1f \$ | | a lake a state a see a | | | |
| _ | | Total Add lines 1a-1f | • | 0 | 73.71.34.71.83.44.44 1.1.7 | The second second second | A ROY COMPANY |
| Ž | | | Business Code | Little Line Like L | المنتقفيد عفقا | Land Section of the Colored | الله الله الله الله الله الله الله الله |
| eve | 2a | ELECTRIC SERVICE | 221000 | 2,698,209 | 2,698,209 | <u> </u> | |
| Program Service Revenue | Ь | · · · · · · · · · · · · · · · · · · · | | | | | |
| Š | C | | | | | | |
| Ser | d | | | | | | <u> </u> |
| 톭 | e | | | | | | |
| Ę | l f | All other program service revenue | | | | | |
| <u> </u> | g | Total Add lines 2a-2f | | 2,698,209 | 1 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 | | · 就在"就" |
| | 3 | Investment income (including dividends, interest other similar amounts) ATTACHMENT .1 | , and | 13,797 | | | 13,797 |
| | 4 | Income from investment of tax-exempt bond pro | ceeds | 0 | | | |
| | 5 | Royalties | | 0 | | | |
| | 1 | (ı) Real | (ii) Personal | Contract of the Contract of th | | Charles Miles Berry | |
| | 6a | Gross Rents | | 4.000000000000000000000000000000000000 | The state of the state of | 1. St. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | The according to |
| | ь | Less rental expenses | | | 學學院達日小 | | 3. 高温 |
| | c | Rental income or (loss) | | 4,754 | at marked of starts of | مين آيو دوا المارية ا | المحمد المستحد المستحد |
| | d | Net rental income or (loss) | | 0 | | | |
| | | (i) Secunties | (II) Other | - July 153 (14) 2 | 12.173". 12.13" | 19 18 32 1 2 2 | |
| | 7a | Gross amount from sales of | | | 经 等的企会 | 子。是: ~ 13.814 | AST TO SEL |
| | ١. | assets other than inventory | | · 建氯化 | C. Saltania & R. L. | 7. 7. 9. 3. 3. 34.0 | "你想这么 |
| | b | Less cost or other basis | | 100 | 2-4-36 J. C. | | San cyale |
| | | and sales expenses | | | | | 7 % 1 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| | C | Gain or (loss) | | استاناه المستفائدة المحاكدة | بدين يوسي من الله المستهدر المالية | المستنا للسائدة | |
| | d | Net gain or (loss) | · · · · · · · · · · · · · · · · · · · | 3,713 | 2 3 47 St 12 3 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3,713 |
| venue | 8a | Gross income from fundraising | | , 建、蜡、树、麻 | 展为之文本:"从 。 | "内部"专门政治类 | इसकीचे हुस्यक्षण |
| eu | 1 | events (not including \$ | | | | 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3 | |
| a) | | of contributions reported on line 1c) | | 1. 新疆港區 | | 475 | |
| 82 | | See Part IV, line 18 a | | | | | |
| Other R | b | Less direct expenses b | <u> </u> | 14 14 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| ŏ | C | Net income or (loss) from fundraising events . | <u> ▶</u> | 0 | | | |
| | 9a | Gross income from gaming activities | | 的企业企业 主 | 心。陰觀一句子 | 1 | |
| | | See Part IV, line 19 a | | 77 | 1. 29.33 | · · · · · · · · · · · · · · · · · · · | [w. [] |
| | Ь | Less direct expenses b | | | | | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | С | Net income or (loss) from garning activities | | 0 | | | |
| | 10a | Gross sales of inventory, less | | 特型的地方 图 | | | 7.4 |
| | | returns and allowances a | | · 新· · · · · · · · · · · · · · · · · · | | 教师员 不好的 | |
| | ١. | | | | | 基式 植 . 整。 | "一里" |
| | b c | Less cost of goods sold b L Net income or (loss) from sales of inventory | | - Landschaffer | فكمسام بسيطة فجانسيت بالتاريد | | |
| | ⊢ٽ | Miscellaneous Revenue | Business Code | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | S. J. W. 184 124 12 | FED ED ROME A F | इन्द्रिक है है है |
| | <u> </u> | | | المراكب المقلقة المستانية | والمستنب المستعددة | سيد تتغسان ملاته | للتسطيعات بالمطاسمة |
| | 11a | | | | | | |
| | b | | | | | | |
| | C | | | | | ' | |
| | d | All other revenue | | | A & (f) A | , as as . as . | |
| | е | Total. Add lines 11a-11d | | 0 | 4, <u>\$4</u> \$ | 15. 10 40 15 13 14 3 | |
| | 12 | Total revenue. See instructions | <u></u> | 2,715,719 | 2,698,209 | | 17,510 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

(B) Program service (C) Management and (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . 0. Grants and other assistance to individuals in 0 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 0 Benefits paid to or for members 0. Compensation of current officers, directors, 89,270 89,270. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 237,509. 237,509 Other salaries and wages Pension plan contributions (include section 401(k) 53,831 53,831 and section 403(b) employer contributions) 29,076. 29,076. Other employee benefits 24,784. 24,784. 10 Fees for services (non-employees) n 250. 250. 13,742. 13,742. 0. 0. e Professional fundraising services See Part IV, line 17 Ô. 0. 0 12 Advertising and promotion 3,457. 3,457. 0. Information technology 14 0. Royalties..... 15 0. 16 Ō. 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 15,380. 15,380. 20 0 Payments to affiliates 21 290,357. 290,357. 22 Depreciation, depletion, and amortization 25,773. 25,773. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a PURCHASE POWER 1,456,946. 1,456,946. 101,751. 101,751. b MAINTENANCE__ 56,658. 56,658. c GENERAL AND ADMINISTRATIVE 20,153. 20,153. d CUSTOMER ACCOUNTS 17,269. 17,269. e REBATES -17,713. -17,713. f All other expenses _____ 2,418,493. 2,418,493. 25 Total functional expenses Add lines 1 through 24f Joint Costs Check here ▶ ____ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

| _ | 1 000 (2 | | | | , age 11 |
|--------------------------|----------|--|--------------------------|--------------|--------------------|
| Pa | rt X | Dailance Sheet | (A) Beginning of year | | (B) End of year |
| _ | 1 | Cash - non-interest-bearing | 103,905. | 1 | 74,513. |
| | 2 | Savings and temporary cash investments | 469,229. | 2 | 616,175. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 228,322. | 4 | 249,229. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees Complete Part II of | | | |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons | | | |
| | | described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of | 1 | | |
| | | section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 6 | | |
| şş | 7 | Notes and loans receivable, net | 7 | | |
| Assets | 8 | Inventories for sale or use | | 8 | 84,771. |
| 4 | 9 | Prepaid expenses and deferred charges ATCH 2. | | + | 14,142. |
| | _ | Land, buildings, and equipment cost or | 2070101 | | 21,212 |
| | '0 " | other basis Complete Part VI of Schedule D 10a 5,985,695. | | | |
| | | Less accumulated depreciation | 3,179,314. | 100 | 3,300,174. |
| | 11 | Investments - publicly traded securities | | 11 | 3/300/1/1. |
| | 12 | Investments - other securities See Part IV. line 11 | | 12 | 108,429. |
| | 13 | | | 13 | 100,423. |
| | 14 | Investments - program-related See Part IV, line 11 | | 14 | |
| | l | Intangible assets | | 15 | 43,693. |
| | 15 | Other assets See Part IV, line 11 | | 16 | 4,491,126. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 17 | 203,792. |
| | 17 | Accounts payable and accrued expenses | | 18 | 203, 192. |
| | 18 | Grants payable | | 19 | |
| | 19 | Deferred revenue | | _ | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Liabilities | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Ħ | 22 | Payables to current and former officers, directors, trustees, key | - | | |
| Ē | | employees, highest compensated employees, and disqualified persons | | - | |
| _ | | Complete Part II of Schedule L | | 22 | 201 177 |
| | 23 | Secured mortgages and notes payable to unrelated third parties ATCH.3. | | 23 | 381,177. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | •• | 24 | 25 046 |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | 25,046. |
| | 26 | Total liabilities. Add lines 17 through 25 | 653,892. | 26 | 610,015. |
| ces | | Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. | ,- | | |
| auc | 27 | Unrestricted net assets | | 27 | 40 |
| 3al; | 28 | Temporarily restricted net assets | | 28 | |
| Ā | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balan | | Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. | | | |
| S | 30 | Capital stock or trust principal, or current funds | 14,800. | 30 | 15,000. |
| se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | 2,672,888. |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | 1,213,735. | 32 | 1,193,223. |
| et | 33 | Total net assets or fund balances | | 33 | 3,881,111. |
| _ | 34 | Total liabilities and net assets/fund balances | 4,252,760. | 34 | 4,491,126. |
| | 34 | i otal liabilities and net assets/fund balances | 4,252,760. | 34 | 4,491,12 |

| Pa | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | X | |
|----|--|-----|---|-----|------|------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,7 | 15, | 719. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2_ | | 2,4 | 18, | 493. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | | 226. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 3,5 | 98,8 | 868. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | - | 14, | 983. |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | | 1 | | | |
| | column (B)) | 6 | | 3,8 | 81, | 111. |
| Pa | rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | _ | | | ┪. |
| | Schedule O | | | | , | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | • • | | | | |
| | Schedule O | | | | ľ | 1 |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | Ι, | | |
| | issued on a separate basis, consolidated basis, or both | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | İ |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | ĺ | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | • • | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

Form **990** (2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FARMERS ELECTRIC COOPERATIVE 42-0245083 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____ 4 Number of states where property subject to conservation easement is located ► ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Я (i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS116 (ASC958) relating to these items

| Pai | t Organizations Maintaini | ng Collections | of Art, Histo | orical Treasur | es, or | Other Similar | Assets(| continued) | |
|-----------|--|----------------------|------------------|-----------------------|-----------|---|-------------|----------------|----------------|
| 3 | Using the organization's acquisition collection items (check all that appliance) | | d other recor | ds, check any | of the | following that a | are a sigi | nificant use o | of its |
| а | Public exhibition | | d [| Loan or ex | change | e programs | | | |
| b | Scholarly research | | e 🗀 | Other | _ | | | | |
| c | Preservation for future gen | erations | | | | - | | | |
| 4 | Provide a description of the organ | | ns and expla | ain how they fu | irther t | the organization's | s exemp | t purpose in | Part |
| 5 | During the year, did the organization | n solicit or receive | e donations o | of art historical t | reasure | es or other simil | ar | | |
| • | assets to be sold to raise funds rath | | | | | | | Yes [| No |
| Par | rt IV Escrow and Custodial A line 9, or reported an amo | rrangements.C | omplete if the | ne organization | | | | | 1 |
| - | | | | · | | ······ | | | |
| 1a | Is the organization an agent, trustee, | , custo dian or oth | ner intermedia | ry for contribution | ns or o | ther assets not | | | |
| | included on Form 990, Part X? | | | - | | | ſ | Yes | No |
| b | If "Yes," explain the arrangement in | | | | | | | | _ |
| _ | ii roo, explain allo arrangement iii | | | 9 10.00 | | Α | mount | | |
| | Beginning balance | | | | 10 | ••••••••••••••••••••••••••••••••••••••• | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| | Ending balance | | | | | | - | - | |
| | | | | | | | - | Yes | Tala |
| | Did the organization include an amou | | , Part X, line . | 217 | | | L | res | No |
| | If "Yes," explain the arrangement in | | 4: | | | O Dod IV Goo | 10 | | |
| Par | t V Endowment Funds. Com | | 1 | | | T' | | (5) 5 | <u> </u> |
| | | (a) Current year | (b) Pnor ye | ear (c) Two y | ears back | k (d) Three yea | ars back | (e) Four years | раск |
| | Beginning of year balance | | | | | | • | | |
| | •• | | | | | - | | | |
| С | Net investment earnings, gains, and losses | | | ļ | | | | • | · •• |
| _ | L. L. | | | | | * | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities . | | | | | | | | ` |
| _ | and programs | | | | | - | | | |
| t | Administrative expenses | | | | | | | , | |
| g | <u>,</u> | | | | | | | | |
| 2 | Provide the estimated percentage of | | | | | | | | |
| а | | ent ▶ | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| C | | % | | | | | | | |
| 3a | Are there endowment funds not in th | e pos session of | the organizat | tion that are held | and ac | dministered for th | е | | |
| | organization by | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | . . | | 3a(ı) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related orga | | | | | | | 3b | |
| 4 | Describe in Part XIV the intended us | | • | | | | | LL1 | |
| _ | t VI Land, Buildings, and Eq | | | | | | | | |
| | Description of investment | (a) Cost | or other basis | (b) Cost or other b | asis | (c) Accumulated depreciation | (0 | l) Book value | |
| 1a | Land | | | 10,0 | 000 | | | 10,0 | 00 - |
| b | Buildings | —— | | 226,7 | | 80,065 | | 146,6 | |
| c | Leasehold improvements | <u> </u> | | | | | | | - - |
| d | Equipment | · | | 5,578,7 | 47 | 2,466,962 | | 3,111,7 | 85 |
| | • • | <u> </u> | | - | | | | 31,6 | |
| e Tota | Other | | m 000 Dad | 170,1 | | 138,494 | - | | |
| iota | II. Add lines 1a through 1e (Column | (u) must equal F0 | ını 330, Part i | n, coluititi (D), III | 10(C) | //···· > | | 3,300,1 | 74. |

| Part VII | Investments - Other Securities. See Fo | orm 990, Part X, line 1: | 2. | |
|----------------|---|---------------------------------------|---|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuati Cost or end-of-year mark | |
| (1) Financi | al denvatives | | | |
| | -held equity interests | | | |
| (3) Other_ | | | | |
| (A) | | | | |
| <u>(B)</u> | | | | |
| (<u>C)</u> | | | | |
| | | | | |
| | | | | |
| (F) | | | | |
| (<u>G)</u> | | | | |
| (H) | | · · · · · · · · · · · · · · · · · · · | | |
| (1) | (1) | | | |
| Part VIII | n (b) must equal Form 990, Part X, col (B) line 12) Investments - Program Related. See F | orm 000 Part V line 1 | <u> </u> | - |
| Part VIII | | | | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuate Cost or end-of-year mark | et value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | - |
| (5) | | · | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Part X, lir | ne 15. | | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | _ . . | | | |
| (3) | | | | |
| _(4) | | · · · · · · · · · · · · · · · · · · · | | |
| (5) | | | | ····· |
| (6) | _ | | | |
| (7) | - | | | |
| (8) | | | - | |
| (9) | | · | | |
| (10) | (h) | | | · · · · · · · · · · · · · · · · · · · |
| _ | o (b) must equal Form 990, Part X, col (B) line 15) | line 25 | · · · · · · · · · · · · · · · · · · · | |
| Part X 1. | (a) Description of liability | (b) Amount | The state of the state of the state of | # '무기를 즐게 !-1%인 |
| | ral income taxes | (b) Anount | | |
| | RIBUTIONS IN AIDE OF CONST | 25,046 | | |
| (3) | NIBOTIONO IN MIDS OF COMMI | 20,010 | 计对话语 医鸡骨 | |
| (4) | | | | of the second se |
| (5) | | | · 一、这次的原理性的态度。 | |
| (6) | | | | 在15、15的基础 |
| (7) | | | | 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | 经基础通过 計 |
| (11) | | | The state of the state of the | |
| | nn (b) must equal Form 990, Part X, col (B) line 25) | ▶ 25,046 | | 不告诉 和公司 |
| | ASC 740) Englands In Part XIV provide the toy | | | 4 |

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

FARMERS ELECTRIC COOPERATIVE

Employer Identification number

42-0245083

MEMBERS

PART VI SECTION A LINE 6

CUSTOMERS RECEIVING ELECTRIC SERVICES HAVE TO THE OPTION TO PURCHASE MEMBERSHIPS. IF A CUSTOMER REFUSES TO PURCHASE A MEMBERSHIP, SERVICE IS STILL OFFERED, BUT NO PARTONAGE IS RECEIVED. THE MEMBERSHIP IS REFUNDABLE UPON TERMINATION OF SERVICES.

ELECTION OF DIRECTORS

PART VI SECTION A LINE 7A

MEMBERS MEET AT AN ANNUAL MEETING THE ELECT THE BOARD OF DIRECTORS.

FORM 990 REVIEW

PART VI SECTION B LINE 11B

THE FORM 990 IS PREPARED BY AN INDEPENDENT AUDITOR AND SUBSEQUENTLY REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI SECTION B LINE 12C

A WRITTEN CONFLICT OF INTEREST POLICY IS DOCUMENTED IN THE COOPERATIVE'S ARTICLES OF INCORPORATION AND BY-LAWS. ELECTION TO THE BOARD OF DIRECTORS IS PROHIBITED IF THERE IS ANY VIOLATION OF THE POLICY WHICH IS ENFORCED BY A NOMINATION COMMITTEE.

MANAGEMENT COMPENSATION

Employer identification number 42-0245083

PART VI SECTION B LINE 15A

MANGEMENT'S COMPENSATION IF DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS.

DISCLOSURE

PART VI SECTION C LINE 19

FARMERS ELECTRIC COOPERATIVE'S FINANCIAL REPORTS ARE MADE AVAILBLE TO ITS
MEMBERS AT THE ANNUAL MEETING. THE IRS FORM 990 AND OTHER GOVERNING
DOCUMENTS ARE AVAILABLE UPON REQUEST.

DECISIONS OF BOARD

PART VI, SECTION A LINE 7B

CERTAIN ACTIONS OF THE BOARD DO REQUIRE APPROVAL BY MEMBERS INCLUDING CHANGES TO THE ARTICLES OF INCORPORATION AND PLANS TO MERGE OR SELL ASSETS.

OTHER CHANGES IN NET ASSETS

PART XI LINE 5

PAYMENT OF PATRONAGE CAPITAL (15,663)

CHANGE IN MEMBERSHIP 200

UNREALIZED HOLDING GAINS 480

TOTAL CHANGE IN NET ASSETS (14,983)

381,177.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

42-0245083

| Page | Asset description | placed in service | Unadjusted Cost or basis | Bus % | 179 exp reduction in basis | Basis Reduction | Basis for depreciation | Beginning Accumulated depreciation | Ending Accumulated depreciation | Me- | Conv | Life cla | ACRS CRS class class | | Current-year 179 expense |
|--|---------------------|------------------------------|--------------------------------|-------------|----------------------------------|--------------------|------------------------|--|---------------------------------------|------|----------|----------|-------------------------|---|--------------------------------|
| Part | CUST PREMISE EQUIP | 08/20/2001 | 56,536 | 100 000 | | | 56,536 | 50,983 | 51,720 | SI | 17. | 000 | | | |
| Section Sect | LABORATORY EQUIP | 08/30/2001 | 42,446. | 100 000 | | | 42,446 | 13,341 | 15,885 | SL | 17. | 000 | | | |
| Secure S | LAND | 08/30/2001 | 10,000 | 100 000 | | | | | | | | | | 4 | |
| Particle | LINE TRANSFORMERS | 08/30/2001 | 498,600 | 100 000 | | | 498,600 | 344,643 | 367,839 | SI | _2 | 000 | | _ | |
| Secretary | METERS | 08/20/2001 | | 100 000 | | | 153,078. | 78,506 | 84,194 | SL | -22 | 000 | | | |
| CONTINUENCE | FURNITURE & EQUIP | 08/20/2001 | | 100 000 | | | 170,189 | 136,985 | 138,494 | SL | 0 | 000 | | _ | : |
| Particle | OVERHEAD CONDUCTOR | 08/20/2001 | | 100 000 | | | 448,531 | 222,774 | 218,976 | SL | | 000 | | _ | |
| Particle | POLES & TOWERS | 08/20/2001 | 500,010. | 100 000 | | | 500,010 | 394,596 | 392,140 | SL | 81 | 000 | | | |
| SECULTARY 06/20/2001 286,483 100 000 386,483 194,712 209,044 SL 12 000 | POWER OPERATED EQ | 08/20/2001 | 75,315. | 100.000 | | | 75,315 | 71,626 | 75,315 | SL | 10 | 000 | | | |
| September Sept | SERVICES | 08/20/2001 | 386,483. | 100.000 | | | 386,483 | 194,712 | 209,044 | SL | | 000 | | | |
| State Stat | STATION EQUIPMENT | 08/20/2001 | 250,001 | 100 000 | | | 250,001 | 184,456 | 204,460 | SL | 12 | 200 | | | |
| 17, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10 | BUILDINGS | 08/20/2001 | 136,719 | 100 000 | | | 136,719 | 48,729 | 52,833 | SL | 33 | | | | |
| UNID CONDUC 08/20/2001 761,543 44,875 72,036 St. \$5 000 TEMENT 08/20/2001 39,754 5,264 6,752 St. \$5 000 SS 4 JHPR 08/20/2001 39,066 100.000 39,866 31,246 35,230 St. \$5 000 R 08/20/2001 39,040 100 000 15,213 100 000 15,213 \$6,895 7,651 \$1 \$6 00 R 08/20/2001 1449,192 100 000 1,449,192 300,764 362,317 \$1 \$6 00 R 08/20/2001 1,449,192 100 000 1,449,192 300,764 362,317 \$1 \$6 00 R 08/20/2001 1,449,192 100 000 1,449,192 300,764 362,317 \$1 \$6 00 R 100 100 100 100 100 100 100 \$6,895 2,550,845 2,665,521 IZATION 200 200 200 2,595,845 2,550,845 2,665,5 | TRANSPORTATION EQ | 08/20/2001 | 373,951 | 100.000 | | | 373,951 | 224,069 | 170,878 | SL | <u></u> | | | | |
| Parking 1987/2001 199,736 100 000 199,736 199,736 199,736 199,736 199,736 199,736 199,736 199,736 199,730 199,646 100,000 199,866 199,040 199,732 199,040 199,732 199,040 199,732 199,040 199,732 199,040 199,732 199,040 199,732 19 | UNDERGROUND CONDUC | 08/20/2001 | | 100 000 | | | 761,543 | 44,875 | 72,036 | SL | 75 | 000 | | _ | |
| Sec 1 MPR | CONDUIT | 08/20/2001 | 39,754 | 100 000 | | | 39,754 | 5,264 | 6,752 | SL | 52 | 000 | | | |
| Sec 1 HPR 08/20/2001 10,000 10,010 10, | WORK EQUIPMENT | 08/20/2001 | 39,866 | 100.000 | | | 39,866 | 31,246 | 35,230 | SL | 9 | 000 | | | |
| 15,213 100 000 100 000 1 | SIRUCTURES & IMPR | 08/20/2001 | 90,040 | | | | 90,040 | 24,532. | | SL | <u></u> | 330 | | | |
| 1,449,192 300,764 362,317 St. B0 300 1,449,192 300,764 362,317 St. B0 300 1,449,192 300,764 362,317 St. B0 300 1,449,192 300,764 362,317 St. B0 300 St. St | - 1 | 08/31/2000 | | 100 000 | | | 15,213 | 6,895. | | SL | 50 | 000 | | | |
| red Assets | GENERATOR | 08/31/2000 | | 100.000 | | | 1,449,192 | 300,764 | 362,317 | SL | 30 | | | | |
| Property | Less Retired Assets | | | | | | | | | | | • | | | |
| Property | Subtotals | • • • • • • • | | | | | | 2,550,845. | 2,685,521. | | | | | | |
| Interpretation Pate Cost | Listed Property | 1 | | | | | | | | | | | | | |
| Figure F | | | | | | | | | | | | | | | |
| TZATION | | | | | | | | | | | | | \dashv | | |
| TZATION | | | | | | | | | | | \dashv | | | _ | |
| 1ZATION | | | | | | | | | | | - | \dashv | _ | 4 | |
| 1ZATION | Less Retired Assets | | | | | | | | | | | | | Į | |
| 1ZATION | Subtotals | | | | | | | | | | | | | | |
| Date Cost Ending Accumulated A | • | | | | | | 5, 975, 695 | 2,550,845 | 2,685,521 | | | | | | |
| Date Cost Ending Placed in or Service basis amortization amortization Code | AMORTIZATION | | | | | : | | | | | | | | | |
| | Asset description | Date placed in service | Cost or basis | | | | | Accumulated amortization | Ending Accumulated amortization | Code | Life | | | | |
| | | | | | | | | | | | | | | | |
| | | | | · | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u>.</u> | | | |
| | | | | | | | | | | | | | | | |

1,488

27,152

32,543

3,984

3, 689. 18,760.

2,544

Current-year depreciation

23, 196. 5, 688 7,580 25,308 28,020 20,004 4,104 2,700 756 61,553

290,357

290,357

Current-year amortization

*Assets Retired JSA 0X9024 1 000

42-0245083

1,932 3,036.

Current-year depreciation

Current-year 179 expense

FARMERS ELECTRIC COOPERATIVE

Description of Property

ACRS CRS class class 3 330 3.330 33 330 Life 000 0 Conv Me-thod SL Ending Accumulated amortization (Beginning Ending
Accumulated
depreciation 17,872 151,685 6,118 16,850 Accumulated amortization 5,470 15,940 13,814 136,625. Basis for depreciation 64,294 301,151 101,169 21,614 Basis Reduction 179 exp reduction in basis 100 000 100 000 100 000 101,169. 100.000 Bus % Unadjusted Cost or basis 64,294. 21,614 301,151 5, 985, 695 Cost or basis Date placed in service 08/20/2001 08/20/2001 18/20/2001 08/20/2001 Date placed in service AMORTIZATION Less Retired Assets Asset description DEPRECIATION UNDERGROUND TRANS ACCESSORY EQUIP OVERHEAD TRANS. POLES

*Assets Retired JSA 0X9024 1 000 TOTALS.

Asset description

Current-year amortization

Life

Code